

N^o. 54.
On Scrophula.

By Nathan L Boulden of Delaware
passed March 26. 1816.
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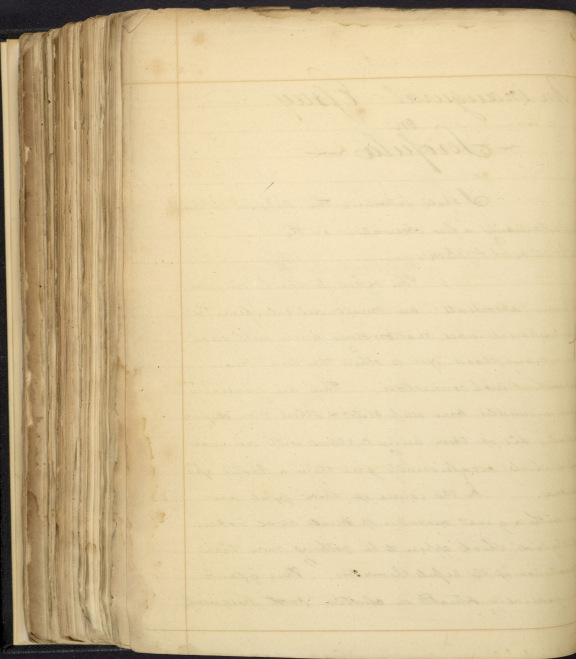
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An inaugural Essay
on
the Scrofula

I shall introduce the subject of this
thing, by making a few observations on the
Absorbent system.

The vessels to which we give
the name "absorbents" are small delicate, fine, tho'
firm transparent tubes, anastomosing freely with each
other in many places, yet in others they run many
inches without such connections. They are generally
found in bundles, some clasp beated & others more ~~super-~~
ficial; all of them being supplied with numerous
valves which occasionally give them a knotted ap-
pearance.

In the course of these vessels are
met with a great number of small oval bodies
called "glands," which appear to be nothing more than
convolutions of the vessels themselves. These glands
are generally situated in clusters, most frequently

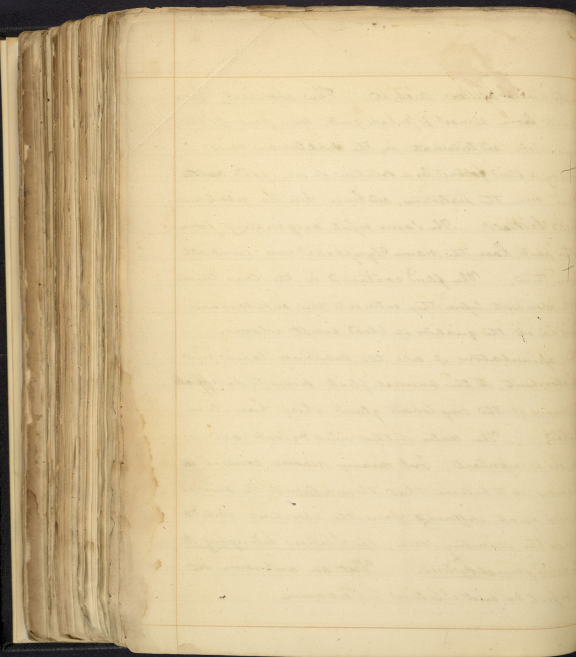


in the groin: Willkes, Arch. 20. The absorbents originate from almost & perhaps quite every part of the human body, and terminate in the subclavian veins.

carrying a fluid ~~formed~~ by a solution of our food called Chyle, from the intestines, and hence has the vessels called "Lacteals". The same vessels originating from other parts, have the name "lymphatics" more immediately given them. The fluid contained in the large trunks of the absorbents before they enter into the subclavian veins has all the qualities of blood except colour.

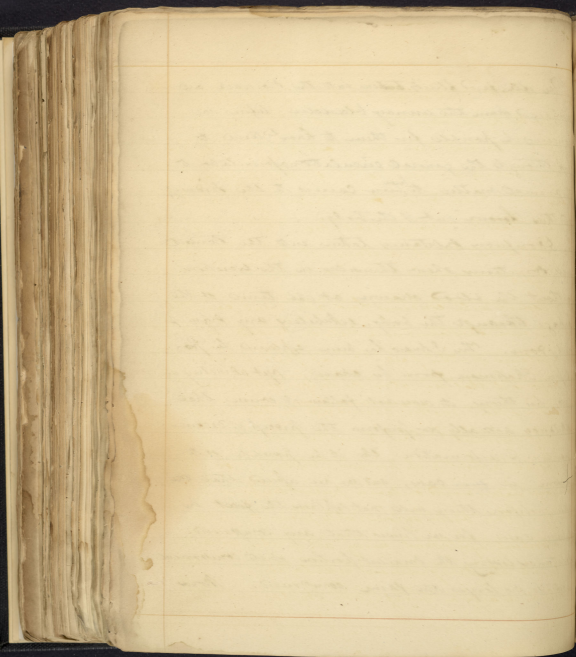
This assimilation, of all the substances taken into the absorbents, to the animal fluid, seems to be effected by means of the conglobate glands which have been noticed.

The duties of these organs & glands are various & important, but many reasons concur in inducing us to believe that the functions of the animal regency agents ~~diffusing~~ from the absorbents, which we see in the digestive room, those I believe belonging to the same general system. That an unknown set of vessels do exist I believe because



1. st The stomach fluids enter into the stomach and discharged from the urinary bladder, before we conceive it possible for them to have time to pass through the general circulation, & penetrate to the animal matter. ^{be} carried to the kidneys and thus thrown out of the body.

2. Insoluble substances taken into the stomach will sometimes show themselves in the excretion without the blood drawn at the time of the passage ~~through~~ the body, exhibiting any sign of such odour. This I know has been explained by Professor Chapman from his chair, yet admitting as I do, his theory, it does not follow of course that substances actually do perform the process of decomposition & reformation, tho' it be possible as to be done in ~~few~~ cases; and we are afraid that the able professor's theory will not explain the fact in many cases; for we know that any compound substance losing the smallest portion of its component parts is no longer the same compound. Now

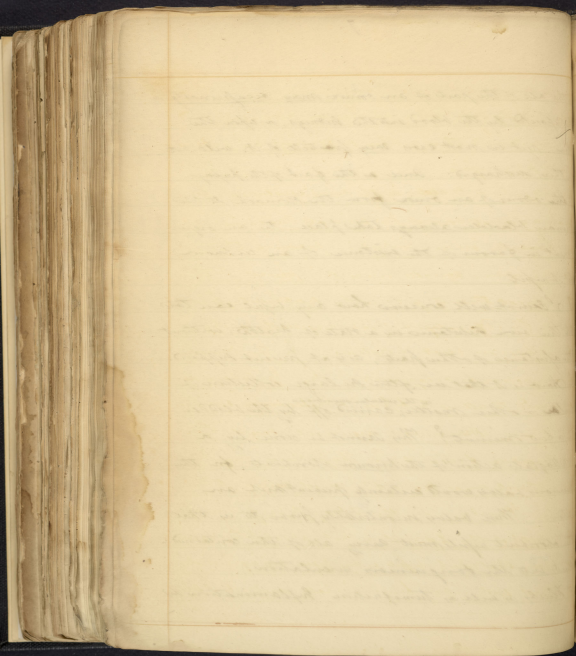


altho' all of the parts of an onion may occasionally be deposited by the blood into the kidneys, or upon the skin, yet in most cases very particles of it, will not be thus discharged: And as the fact of the passage of the odour of an onion from the stomach to the urinary bladder always takes place, tis an argument in favour of the existence of an unknown lot of vessels.

3. I cannot well conceive how any vessel can take up this own substance in a state of health, without the assistance of other parts, as is at present supposed.

4. How is it that we often see large collections of water or other matter, ^{in the cellular membranes} carried off by the bladder in a few minutes? This cannot be done by a "retrograde action" of the known absorbents, for the numerous valves would certainly prevent such an action. These valves incontrovertibly prove to us, that the absorbent vessels must carry all of this contained fluids into the sanguineous circulation.

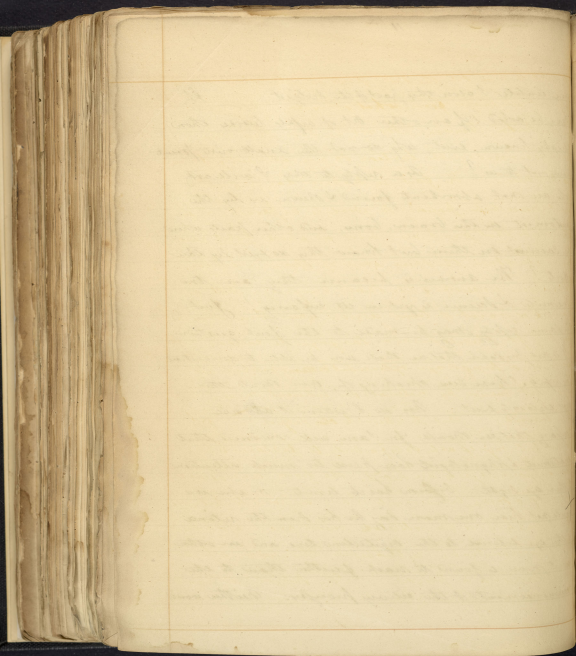
5. Fluids as well as tumefaction, inflammation &c



may be suddenly translated from one part of the body into a distant ^{part} of the body, where the known absorbents could not have carried them, they evidencing an undemonstrated set of vessels.

6. Analogy lends its aid in the same conclusion, for if we take a general view of the animal Machine and will ~~have~~ the general impression produced that it lives only by an equilibrium of its powers; thus the Medical theorist gives us his Specimen of Equilibrium; The Physiologist speaks confidently of his arterial & venous blood & Optics; In the Muscles we have powers & antagonists. In Pathology, we are directed to attend to typhus, & Inflammatory symptoms &c. &c. &c. Many more arguments might have been urged in favour of our hypothesis; but the above struck me as being the most direct to the point; Finally, in the Theory to be given of the subject of this Essay it is not absolutely requisite to suppose that such vessels as has been imagined do, or do not exist, and hence I shall write but little

more until I do on this part of the subject. H
 Maybe asked 'if an other set of vessels besides those
 already known, exist, why do not the anatomists point
 them out to us? As a reply to this I will ask,
 why are not abundant found & shown us by the
 anatomist in the brain, bony, and other parts where
 we cannot see them but know they do exist by their
 effects? The answer is because they are too
 minute & science is yet in its infancy! Just
 the same reply may be made to the first question.
 It is not probable that we shall ever be able to demonstrate
 the vessels I have been speaking of, even should they
 most certainly exist. Nor do I esteem it at all
 necessary that we should; for I am well convinced that
 anatomists & physiologists have paid too much attention
 to this eye sight, vision has its limits, or else we
 would not hear one man say he has seen the retina
 of the eye extend to the crystalline lens, and another
 say it never is found to reach further than to the
 commencement of the ciliary process. Neither would

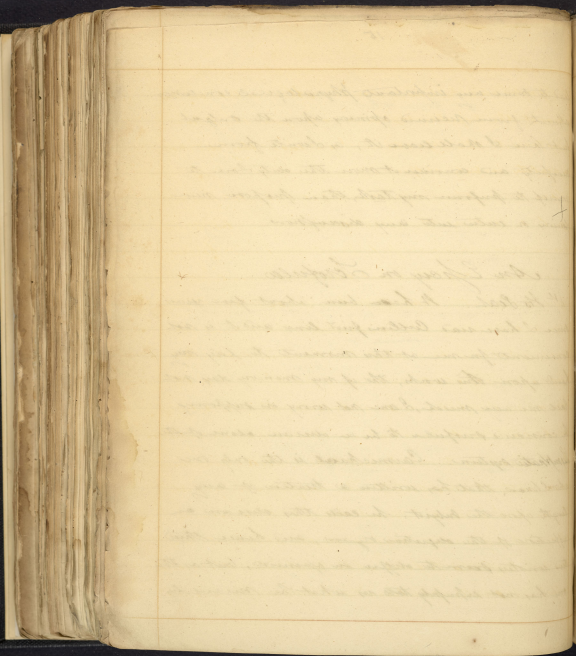


one set of men see the same parts in the line as very different in shape from what others do; Nor would Lieberkühn, Newton, & Mond². have seen the commencements of the lacteals so very differently from each other. The fact is, nature has placed a limit. (never to be passed) to absolute vision; or in other words that point does exist in which habit ceases to give all others the same idea of space, or a body. Machines understood the same language till a period or point of time arrived when there was a necessity for this common language to cease. It did cease, & language afterwards became arbitrary & signify. Not known by natural or inherent means, but to be learnt. But to return to our subject. I do not feel myself able satisfactorily to explain where these supposed vessels are placed, tho' from considerable reasoning & some experiments, I am disposed to believe the situation is the cellular membrane, and indeed that this membrane is the vessels themselves, which form lamina or plexus. The supposition would

lead to some very important physiological conclusion
different from received opinion upon the subject
but here I shall leave it, as I write from
necessity and consider it more the duty I owe to
myself to perform my task, than propose new
opinions or enter into any discussions.

An Essay on Scrophulous

1st to Scat. It has been about five years
since I have read Cullen's first line and it is not
convenient for me at this moment to lay my
hands upon this work; tho if my memory does not
fail me very much, I am not wrong in supposing
he considered scrophulous to be a disease alone of the
Lymphatic system. Carmichael is the only one
whom I know, that has written a treatise of any
length upon the subject: he calls this disease an
affection of the excretory organs, and hence these
two writers seem to differ in opinion, but as the
one has not expressly told us what he means by



the Lymphatic system; nor the others what are his ideas of the Digestive organs, & both give the same symptoms to the affection, I conclude they did not, in reality, widely differ.

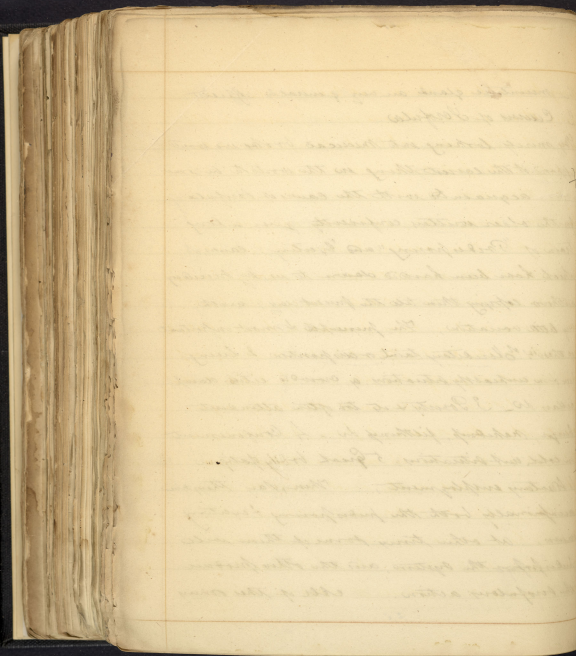
I am under the impression that Erysipela has its peculiar seat in the absorbent system. both the known & unknown vessels being included; however I will observe that I do not esteem it absolutely requisite that the supposed vessels should exist in order to sustain the ideas I do; for I have no doubt whatever but that the known system of absorbents penetrates into every part of the body where Erysipela is ever found, tho' the extreme ramifications & penetrating cannot be demonstrated.

Indeed according to our present ideas, ulceration cannot go on without absorbents. The conglomerate glands the joints & bones are most subject to Erysipela, and as it is a general disease of the absorbents we are not surprised to find upon dissection the vessels inflamed, swollen, ulcerated & other various diseases

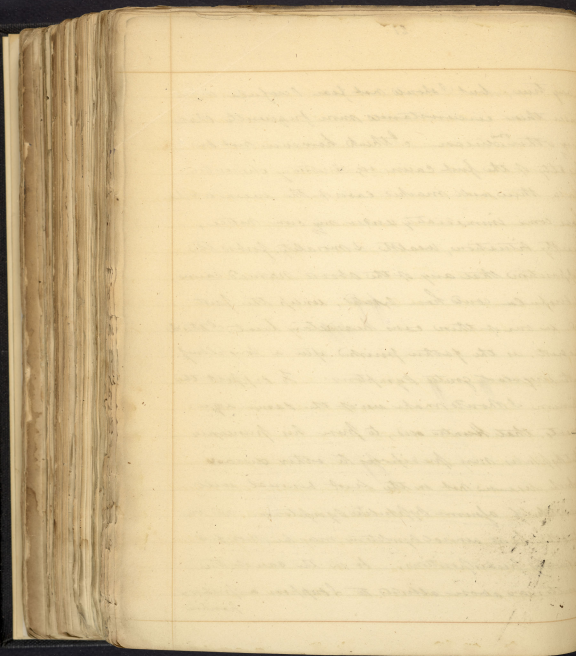
The mucous glands are very generally affected.

2 Causes of Scrophula.

By merely looking into medical books we would suppose it the easiest thing in the world to become ~~some~~ acquainted with the causes of scrophula of for the older writers confidently gave a long train of "Predisposing" and "Exciting" causes, of which have been handed down to us, by succeeding authors copying them till the present day, with very little variation. The principles & most important of these are: 1. Hereditary taint, or disposition 2. Living long in unhealthy situations, or crowded cities, damp cellars &c. 3. Poverty & its too often attendant hunger, nakedness, filthiness &c. 4. Confinement in cold, wet situations, 5. Great bodily fatigue 6. Mentary employment, Then, say they, are occasionally both the predisposing & exciting causes, at other times some of them will predispose the system, and the other produce the scrophulous action. All of this may



be very true, but I should not fear Scrofula more
under these circumstances more frequently than
any other ^{one} disease. I think however not so
highly of the first cause, viz. Hereditary disposition
for in these well marked cases of the disease which
have come immediately under my own notice,
healthy situation, wealth, & morality, forbid the
supposition that any of the above named causes
of Scrofula could have ~~acted~~, unless the first
and, in one of these cases hereditary taint, I think
did exist, as the father perished after a long illness
with irregularly gouty symptoms. To support this
opinion I should make use of the same argu-
ments that Hunter used, to prove his principles
that Syphilis may pre-~~cede~~ ^{precede} the other disease
which diseases not in the least venereal will
nevertheless assume Syphilitic symptoms. and on
the other hand venereal symptoms may be modified
by existing predispositions; As in the case of the
gentleman above alluded to, I suppose a predis-
position



position to scrofula did exist but the numerous exciting causes of gout to which he subjected himself, compelled his hereditary affection to assume the appearance of the constantly irritating cause.

When the latent disposition exists in the human body to scrofula, I do not doubt but what the causes above named may in some few cases excite the action; but I am much more ready to believe we know nothing of the most frequently exciting cause of scrofula.

3 Nature of Scrofula.

This is difficult to explain, It appears to me however to be intimately connected with sympathy but as this is a principle of which I know but little, I shall not give some experiments which I have made upon the subject.

As we do not find that any change takes place either in the quality or quantity of fluids passing through glands enlarged in scrofula I conclude that no great change takes place in the capacity of the vessels, for from

our present knowledge of Scutellaria it will seem surprising
 is the efficient agent. Predisposition to Scrophula
 is like latent poison, either of which may exist a
 long time in a dormant state, or without disease action;
 but as here some change must exist, and as the length
 of time would indicate, this is not chemical, it must
 be mechanical. In applying this principle to the
 predisposition for Scrophula we must conclude that a
 particular construction or arrangement of the particles
 composing the coats of the absorbents do exist, which will
 permit them to take on Scrophulous action when the
 proper exciting cause is applied. These exciting causes
 may be some of the common agents met with, (even of
 life. Such a structure of parts may originally be
 formed; or may be produced by disease in the coats of the
 absorbent vessels, and should the agents met with
 during life be insufficient to produce the disease,
 the person so disposed may transmit the same kind
 of predisposition to his offspring, which may thus pass
 down any number of generations before an exciting

Note
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I mention Dropsy in conformity to the received opinion that it is a disease of the absorbent system. - I am disposed to believe it is a diseased action of the absorbent membrane which in health deposits fat, changing this secretion to water or other matter. The cells of the cellular membrane, & perhaps the tubes, which I have supposed form the membrane, contain the morbid secretion; and by their undiminished use, I suppose it is that the water is carried off.

The action being destroyed or impeded by our distention is the reason why the water of Dropsy is not immediately carried off, when formed.

The above opinion I believe 1.st because in no other disease except Dropsy do we ever find the body entirely destitute of fat. - 2 The Lipidicium soon may not show to us that subjects who died with Dropsy have their absorbents unusually affected; & the cellular membrane is changed. No water, more than usual is found in their absorbents. Nor is their blood thinner than other persons.

Other reason I will not give.

cause, sufficiently powerful to produce the specific
 profuse action, is met with in the life of the
 predisposed person, and hence it is we often find
 grandfathers & grandsons, profuse and the inter-
 mediate father & son escape the disease; Rhynog-
 nomy is not the same in every member of every
 family, therefore we may expect that sometimes
 the child will not inherit the profuse taint of
 its parent. These exceptions are however very rare.

The cause of persons originally sound becoming
 profuse, or disposed to it, rather, is Disease, such
 as Syphilis, Gonor, *Dropsy* &c. In elucidating
 of this subject I will relate the following case

of a healthy man, born of healthy parents in a healthy
 country enjoying like his parents, all of the comforts of life
 had born to him three remarkably fine healthy children
 which have continued to ^{be} well & strong, when he became
 affected with Syphilis, which from improper treatment
 or some other cause run through all of its stages
 and was at length cured by Mercury, after which he

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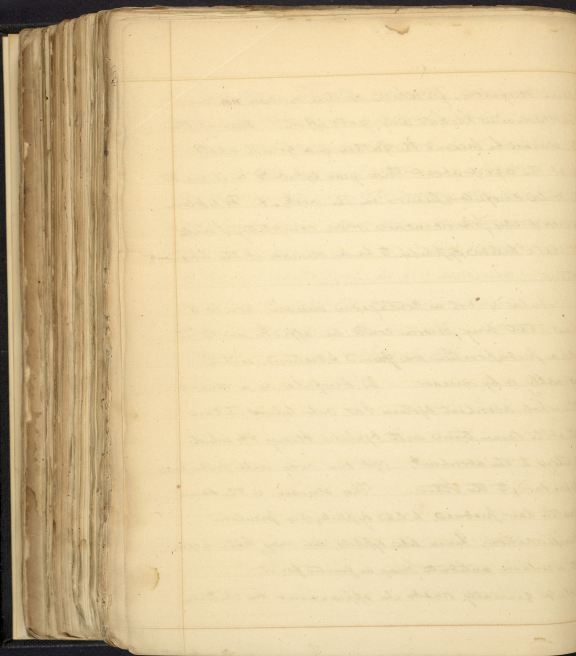
X Mary Wiser, had one daughter, now alive and healthy; she then nursed a typhoid child - The woman was attacked with venereal symptoms, which at length nearly left her, but she became profuse, & after some years did of the complaint; - After nursing the diseased child she had six children, all of whom died profuse before they were five years old.

This circumstance is this moment related to me by a gentleman of information and unimpaired veracity, a native of Cumberland county in this State, where the woman resided.

Bellmarch, B.C.

became scrofulous, for which neither mercury nor any other medicine has had any good effect. During this later disease he became the father of a fourth child who at the age of about three years exhibited well marked tho' mild scrofulous tumors in the neck. & To explain my idea of this phenomenon more completely I will add that I believe Syphilis to be a disease of the abundant system.

Scrofula is not a contagious disease, nor do I believe that any person could be affected with it unless a predisposition was formed & matured, either originally, or by disease. As scrofula is a disease of the whole abundant system I do not believe it can exist at the same time with Syphilis, & may be which also belong to the abundant, yet one may well predispose as before said, to the other. This disease is the same, no matter how produced, & like Syphilis of a peculiar & specific action; hence like Syphilis, we may hope a complete & certain antidote may be found for it. Scrofula generally makes its appearance in children

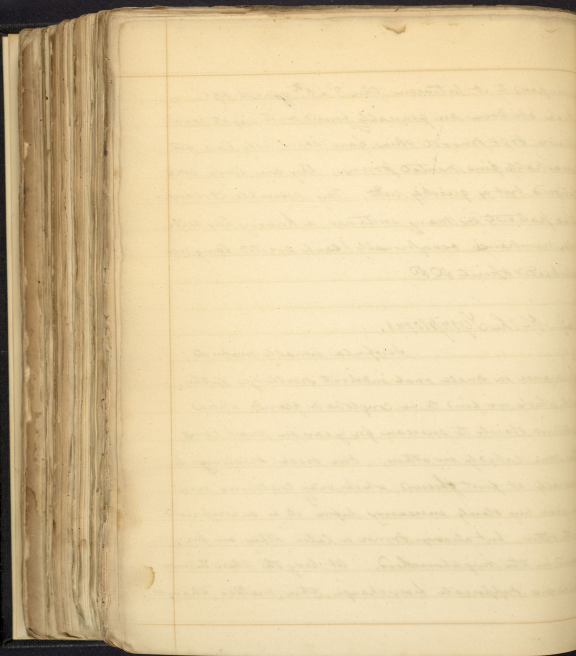


predisposed to it, between their 3^d & 4th year of age.

Such children are generally found with light some complexion, soft smooth skin, fair hair rosy face and remarkably fine mented forms; they are lively, easily fatigued, but as quickly rested; they resemble consumptive patients in many instances, as having lax cellular membranes, occasionally & easily excited lungs & exhilarated spirits &c. &c.

4. Of the Symptoms.

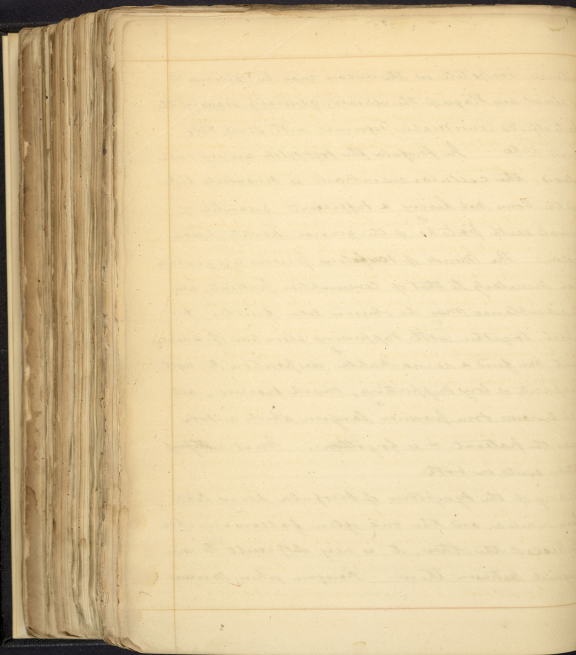
Scrophula usually makes its appearance in small oval indolent swellings of the neck, which we find to be conglomerate glands, which continue slowly to increase for years in most cases tho' more rapidly in others; one such swelling is generally at first observed, which may continue even for years very slowly increasing before it is accompanied with others, but always sooner or later others are perceived in the neighbourhood. At length these tumours inflame suppurate & discharge their matter through



small opening, that in time, heal up, leaving ugly pitted
 up, scars; The first tumors are followed & accompanied
 with others all over the body when such glands are,
 which in length of time, inflamed, suppurate and at
 length heal up, thus leaving the patient in a state
 of health; Generally this happy termination takes
 place about puberty, but I do not know that such
 a course of the disease destroys the predisposition, &
 saves the offspring. This is the most mild & by far
 the most rare termination of the affection; Sometimes
 obstinate ophthalmia comes on with excruciating pain
 particularly in the joints, bones, and other deep seated parts
 which is much increased by the slightest motion;
 Matter is formed in those pained parts, which slowly finds
 its way outwards till at length the skin seems to burst in
 many holes, and a most troublesome & obstinate discharge
 takes place which from without great care becomes an
 unhealthy fancies; the Bones becomes caries; Stitches
 suppurates, & death generally puts an end to the
 patient suffering. However in some rare in-
 stances

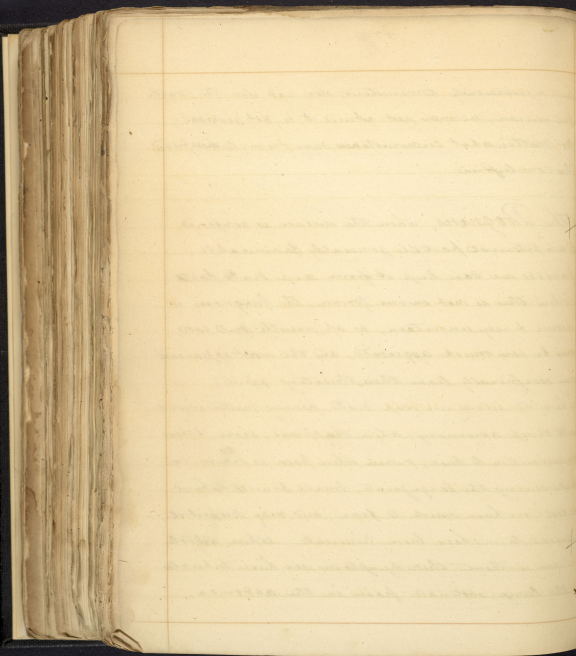
instance, books, tell us the disease may be terminated at almost any stage of the disease, generally leaving the parts affected considerable deformed, with scars, stiff joints &c. &c. In scrofula the soft solids are very much relaxed; the cellular membrane is singularly flaccid and the bones not having a sufficient quantity of animal earth partake of the general debility, & are broken. The minds of scrofulous persons are generally lively similarly to that of consumption patients, and the resemblance may be observed even further, for in both, together with suppurating elevation of animal spirits, we find a remarkable disposition to, with incapacity of long supporting, much exercise; and such exercise soon produces languor, which as soon leaves the patient & is forgotten. Great restlessness often exists in both.

Many of the symptoms of scrofula being, like long venerea and the one often following upon the heels of the other, it is very difficult to distinguish between them. However when mercury



fairly & judiciously administered, does not even the doubt-
ful disease, we may rest assured it is not venereal
No matter what circumstances may seem to disprove
this conclusion.

5 The Prognosis, when the disease is confined
to an external part, is generally favourable,
provided we can keep it from deep parts.
When this is not in our power, the prognosis is
obscure & very uncertain, as apparently mild cases
may be very much aggravated, and the worst appearance
may occasionally bear this threatening aspect;
When the ulcers are deep & contain matter imbued
with sharp acrimony, when they spread, grow, & show
no disposition to heal; or even when pain is severe, deep
seated among the large joints, small bones of the hand
or feet, we have much to fear, and may suspect it
originated to have been venereal; when added to,
or even without these symptoms we have tubercles
in the lungs, obstinate pain in the abdomen,



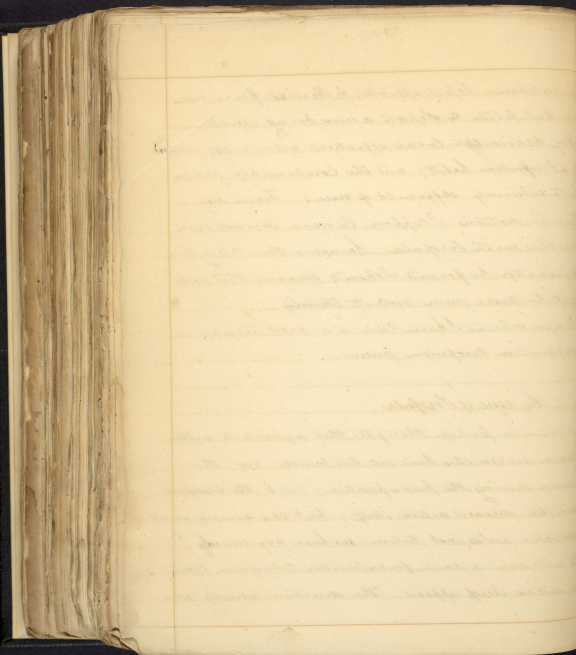
emaciation, loss of appetite, & hectic fever and
 loss but little the hopes of a cure being effected.

Any accidental local affection is much aggravated
 by a profuse habit, and the combination makes
 both extremely difficult of cure. From my
 theoretic notions I suppose Cancer cannot exist
 together with Profusa, however should any such
 combination be found I should imagine that both
 would be made more violent thereby.

Polypus, which I have seen is a most terrible
 complaint in profuse persons.

§ of the cure of Profusa

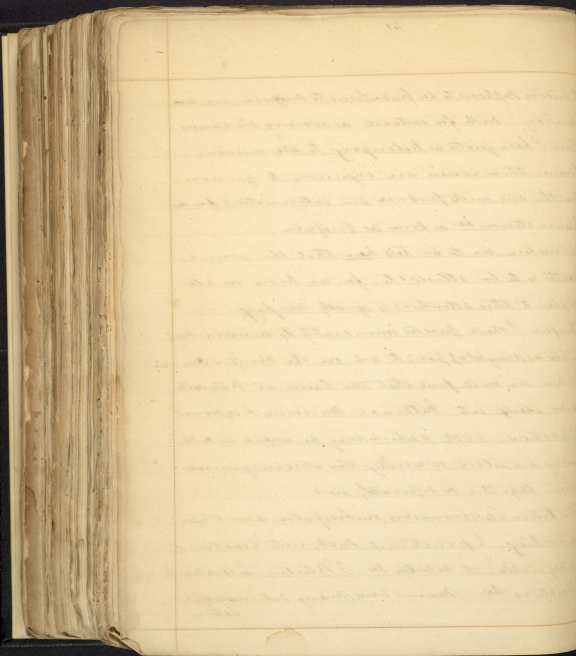
It may be perhaps thought that agreeable to authors
 I should divide this head into two periods; viz: the
 medicine during the predisposition; and 2, the treatment
 during the disease action itself; but this arrangement
 is improper, as we do not believe we have any remedy
 that will cure a mere predisposition to Profusa, before
 the disease itself appears. The directions usually given



to persons, supposed to be predisposed to Scrophula are necessary; such for instance as avoiding the causes which I have quoted as belonging to the disease; because these causes are injurious to general health, and will produce an intermittent fever Rheumatism &c as soon as Scrophula; neither can we be told how that the general health is to be attended to, for we know in all complaints this attention is equally necessary.

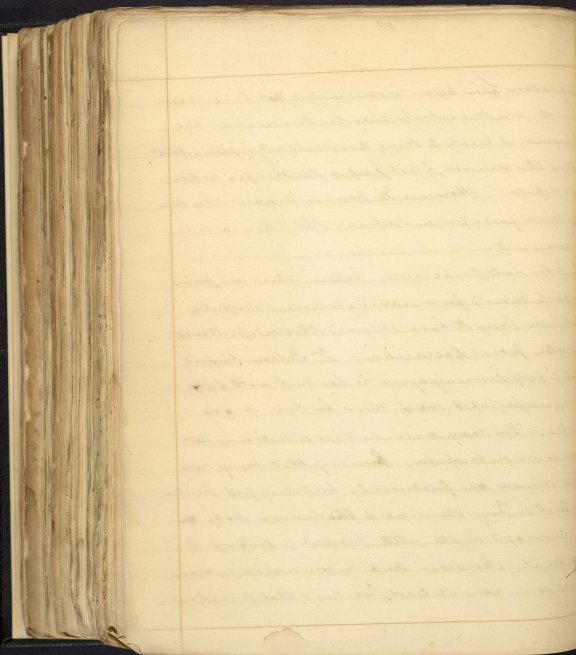
Therefore I shall proceed immediately to mention such articles as may be supposed to act on the specific disease; and here we will find that the treatment naturally divides itself into Internal Medicine & External applications, both of which may be useful in either healing an ulcer or curing the disease & general system, together, or separately, and

1 The External remedies in Scrophula are 1st Diet & bathing, 2 poultices of Salt, bread & water; of Diet & vegetables; 3 Cicula do 3 Blisters, 4 Electricity 5 Frictions &c Many, many External applications



applications have been recommended, not here mentioned, and some such may be serviceable, but I imagine it is only to some accidental symptoms that attend the disease, & not part of the specific action in Scrophula. Storaxum is possible arsenic may have had some good effect in Scrophula, tho I have no confidence in it.

2 Internal Medicines. Upon these we principally depend for a radical cure of Scrophula but I am sorry to have observed that dependence has often proved fallacious. Dr Cullen has said that of fifty Emmenagogues he has met with fifty cases in which not one of them has been of any service. This may well be said of Medicines recommended in Scrophula, knowing that many cases of our disease are produced by hereditary predisposition, a tacit ⁱⁿ the ^{the} Stamina of the human body, we are discouraged at the little prospect of finding a cure for it. However such a conclusion is wrong for in some cases at least, we know that predisposition



is produced by natural causes, and it is a general principle that natural causes will admit of other natural agents to counteract them. The Medicines employed are. 1.st Mercurials of Soda 2. Mercurials of Potash 3. Mercurials of Lime; 4. Mercurials of gold; 5. But Mercurials of Mercury, as an alternative, particularly combined with Tart. Antimon. 6. The Lisbon Diet drink; 7. A Decoction of the individual articles entering into its composition 8. The vegetable Narcotics particularly cicuta: 9. Opium 10. and as soon as the different preparations of Iron are lost. Many other articles are recommended, but the above is a fair sample of them.

Having found myself in an Army & private practice called upon to treat more cases of Dropsy than should have fallen to my lot and finding no few cases had been produced, I was led to reflect more seriously upon its treatment; In the course of my research I was struck with the great number of Mercurials, which have been recommended, & upon

the fact, first observed (I think) by Professor Cope that the body when plunged into the sea decomposes the muriatic acid & the lungs are affected with muriatic and gas diverged. Tenkeld. This seemed to indicate that muriatic acid was the active agent in the cure produced by sea bathing, or the muriatic preparation.

Another fact in favour of this conclusion is, that I think the muriates which are most strongly recommended are in measure proportion to their affinities for their respective bases, ^{of the salts} which the acid possesses.

At the time this idea was thus suggested to me, I had a little patient in Norfolk having a tumour in the neck as large as a walnut, with many smaller ones, which had existed 2 or 3 years. Her general health was excellent. A mercurial purgative was first given & then cicuted in doses of 1 grain of extract gradually increased to 10 grs at a time for one month. At the end of this time her bowels became very much affected for which 10 grs of Calomel was given and the cicula suspended for eight days

little or no diminution had taken place in the tumor. The Blebs were now re-commenced & pushed to the extent her stomach would support, accompanied with repeated epispasties over the tumefied glands for fifteen days, when her bowels again became disordered, together with some derangement of her mind, which were obviated by purgation, & discontinuing the Mercurial: the glands were now reduced to half their original size.

In a few days the same treatment was again commenced & continued about one month without producing any other effect, than ^{the} peculiar nature of the Mercurial usually exhibits when fully given.

The blistering seemed to destroy the accidental irritation & thereby somewhat reduced the tumor when first applied, but certainly had no effect on the specific disease. Her general health & habits were good and required no change. Now it was, I resorted to a trial of the Mercurial acid, but I could not easily discover what quantity should be given for a course as I could find no author who recommended the article.

in disease. The I had once given it to a patient yet
as it exists originally in gas & is absorbed by water when we
get it from the shops, the strength will vary in almost
every new parcel we get of it. However I procured
some of it & gave ten drops diluted in a wine glassfull
of water three times a day; This had no sensible effect
and in two days, I increased the dose to fifteen drops
three times a day. These doses produced at first spasms
and then increased action of the bowels, which went
off in a few days, & the mucous was continued,
gradually increasing for two months when not a
vestige of her complaint remained!

In 1812 I was appointed an Hospital Surgeon,
first in the general Hospital of our army & im-
mediately ordered to join Mifflin near this city, where
I remained a few months, & then was ordered to
the general Military Hospital at New York, where
I continued under Capt. Surg.^t Ashely till the Spring
of 1814 when I received a Surgeoncy, & left the Hospital.
At these two stations I had an opportunity to see an

immense number of venereal patients & I believe that
 9. of every 10 men residing in either of the cities (Phil^a
 & New York) had the venereal disease, many of them
 very badly. At least fifty venereal patients were
 constantly in the wards of the Bloch Hospital.

Dr. Scherly was in the habit of using mercury in
 all cases, admitted with venereal symptoms, and in a
 majority of them produced a cure by such practice.
 but in a respectable minority this plan failed
 not to succeed. These last cases, were diseases
 resembling syphilis, caused by, and difficult to
 discriminate from it; Indeed from the in-
 formation to be derived from a patient it is
 at all times difficult to say what his disease is.

(Most of these cases I think took on scrophulous
or scrofulous symptoms, and some of them were
 truly the mercurial affection, & hence mercury
 was improper in all of them. These failures gave
 to the Doctor enemies an opportunity to have
 him suspended by arrest for 2 or 3 months; during

during which time a Dr. Ch. W. took charge of the institution, and to show his superior talents, pushed Mercury in every case & gave Nitric acid in Syphilis.

This had no material effect upon most of the cases. A few appeared to be cured, and a still fewer number seemed to owe much to this acid in facilitating the cure by subsequent administration of the venereal antidote. Dr. Ch. visited the hospital only once per day, & his orders not being considered specifically to the contrary in a few cases I substituted Nitric acid for the Nitric, as a mere experiment, being confident that no particular antivenereal qualities ^{kind} in the acid used.

No benefit whatever was derived from it except in one case when it seemed to produce a cure this case tho at the time obscure & unknown terms, I have now no doubt was really Syphilis.

The following is the substance of the case as I find it in my Note book.

J. H. Montgomery aged 24 years, born in

Vermont a recruit of the 4th Regt. was admitted
with "Venereal" on the 19th of Oct. 1813

Has nodes on several of his joints, swell the joints
pains in his abdomen, on the back of his
head; his joints with an evident thro' deep collection
of matter in the wrist & hand of one hand. His ap-
petite is good, tho his food is badly digested &
his body emaciated. Says about four years
ago he had a chancre which was cured by
a Doctor, soon after buboes, and after three
scraps on the chin &c. He was several times
salivated, and very badly for about 18 months ago when
all of his venereal symptoms seemed to get perfectly
well. During his complaint his testicles has frequently
swollen & are painful, soon after his apparent cure
the symptoms he now complains of, commenced.

Prescr. Nerve pills, Coaror. Sublim. of Mercury Lapis
with the Lisbon Acid Drink

1 L. C. No amendment in Syphilis; Treatment continued
with the addition of Mercurial plasters on some of his

See page 59 for continuation

Meds, and Empl: Opipacks to others.

This course of treatment with but little variation was continued without any benefit ^{now} for ^{these} months.

22 Lang: 1814. This day all of his Medicines are discontinued, and \mathfrak{z} Muriatic acid given much diluted. & divided 4 times.

23 \mathfrak{z} Muriatic acid is given.

24. No effect has been produced by the Muriatic acid & he rests very badly. Complains particularly of his abdomen. \mathfrak{z} of Muriatic is given out of a new parcel, strength of which is unknown, but is supposed very strong.

25 Considerable pain & griping, 11grs Opⁱ, & acid continued.

26. Griping. Acid continued, \mathfrak{z} ol: Rice given

\mathfrak{z} . ol: opⁱ added, griping gone. Acid continued

27. No particular change, bowels quiet, but the appetite not so good as usual, Acid continued

28. No great change, Acid continued \mathfrak{z} gr. opⁱ at night.

See page 81 for

10th Untill this day, I can perceive his acid with al:
rice, occasionally, has been used without any sensible
good effect. Off of the acid is now given.

20. Has been affected with Strangury several
times, which soon went off.

25 The acid has been gradually increased to $\frac{ij}{ss}$ per
day. His pains are not so severe as formerly, the
swelling, has abated, and the matter which appeared
formed on one wrist is absorbed.

1 March. All of his symptoms are much better & the
acid has been given ~~in~~ down of $\frac{ij}{ss}$ per day. which
is continued.

15 March, his disease is nearly gone, his joints
very weak, his appetite moderately good, Digestion
not much deranged. Upon the dose being increased
to $\frac{ij}{ss}$ of the acid per day, & from a new parcel
much nausea was produced, which continued one or
two days, & then went off with a violent purging.

30. He appears well, the ~~disturbance~~

2 April. He is this day pronounced "cured".

and discharge from the Hospital. and I have
 never heard of him since, however I soon afterwards
 left the district. - My note book gives the remarks
 of this case each day at length, but as there is
 much repetition, I only here have given the
 substance.

This case I think was evidently Peripneumony
 and the conclusion ~~may~~ fairly be drawn that
 the Mercurial cured it.

I may here observe that we have heard so
 much of the Mercurial & Gold curing Syphilis
 that we must suppose it has cured something!
 Now I think it probable that when this
 article has effected a cure, the disease has
 been Peripneumony, following Syphilis.

I need make no more comments. - My
 Thesis is finished! - To make, or attempt
 making any apology to my very much admired
 & respected teachers in Medicine for my errors
 would perhaps be an insult, yet I do beg leave

to state, 1.st That I could not leave a private practice of Physics, in which I was engaged till near the middle of the present course of Medical lectures which is my third course; but the first so as attended four years ago, the second last winter, when I had military duty also to employ me,

Hence I have not ~~to~~ ^{to} ~~propose~~ an idea of the opinion of our School of Medicine as I should propose. Nor am I so well acquainted with the minutiae of the Medical Science.

2.^d Altho I have been seven years since I commenced the study of Physics, yet four years of that time having been employed by me in public service, sea & land, it is not to be supposed my reading has been extensive, tho my opportunities of being practised have been considerable.

3.^d Having resolved to write upon Sea Venereal I actually prepared most of a Thesis, I had but little time to arrange my present subjects or refer to books, as in a day off time I

must hand my Essay to the proper office for exam-
ination

4 Nothing but absolute necessity should have
induced me to write at all, and nothing but
absolute necessity should have induced to leave
what I have written, with so many "impro-
fections upon it"

[Faint, illegible handwriting visible through the paper]